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The COVID pandemic and social theory: Social democracy and public health in the crisis

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journals.sagepub.com/home/est**Sylvia Walby** *City University of London, London, UK*

Abstract

Social theory is developing in response to the coronavirus (COVID) crisis. Fundamental questions about social justice in the relationship of individuals to society are raised by Delanty in his review of political philosophy, including Agamben, Foucault and Žižek. However, the focus on the libertarian critique of authoritarianism is not enough. The social democratic critique of neoliberalism lies at the centre of the contesting responses to the COVID crisis. A social democratic perspective on public health, democracy and state action is contrasted with the anti-statists of left and right. This is addressed in debates on the relationship between science and governance, the place of crisis in theories of change and the conceptualisation of alternative forms of social formation. The crisis initiated by the pandemic, cascading through society, from health to economy, to polity and into violence, includes a contestation between social democratic and neoliberal visions of alternative forms of society.

Keywords

Agamben, COVID, crisis, pandemic, public health, social democracy, social theory

Introduction

A contrast between libertarian and authoritarian approaches to the coronavirus (COVID) pandemic has been central to early debates in social theory on the implications of

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COVID for society (Agamben, 2020; Delanty, 2020b). However, this underestimates the significance of the contestation between social democratic and neoliberal visions of society, the understanding of public health as a social democratic intervention by states and the potential in the crisis for a critical turning point between social democratic and neoliberal forms of governance and society. The interpretation of the public health intervention in theories of society, in the relationship between science, governance and society and in the crisis is at stake in these debates.

The UK government claimed to be ‘following “the science”’ during the COVID crisis. But ‘the science’ was deeply divided, with Independent Sage (a coalition of independent scientists) (Independent Sage, 2020) challenging the official government Scientific Advisory Group for Emergencies (a committee of scientists engaged by government) (SAGE, 2020). The policies and forms of governance to address COVID varied at different moments of the crisis and between different countries. The sickness and death rate varied between countries and between social groups. At the time of writing, there is no cure or vaccine, so the key policies concern how to separate infected from not-infected people. What model of justice underlies the relationship between individual and society in the policies to stop spread of the infectious deadly virus? How is society and governance being restructured in the ‘crisis’? COVID has killed over a million people around the world and made many millions sick, already by 28 September 2020 (John Hopkins University, 2020). Death rates vary with inequality, being higher among the poor and Black and minoritised ethnic groups (Office for National Statistics, 2020). The routes of transmission of COVID are shaped by inequalities: some forms of employment, some forms of caring generate forms of contact that are conducive to catching the virus. The response to COVID has generated further adverse effects on people as activities are curtailed. COVID is a virus which spreads through droplets carried in the air and the touching of contaminated surfaces. While healthcare alleviates some aspects of the ensuing illness, currently, the only preventative interventions are non-pharmaceutical and involve some form of separation of the infected from the non-infected. Achieving separation is central to reducing and eliminating the virus. Policies to achieve separation reduce social and economic activities. Achieving separation is challenging in a context in which not all carriers of the virus show symptoms and tests for the virus are difficult, so it involves engagement with those at risk of having the virus rather than those who are visibly sick. Reducing the rate of reproduction of the virus, represented as ‘R’, is central to reducing and eliminating COVID. The UK has one of the highest death rates from COVID in Europe and the world (John Hopkins University, 2020). Death rates vary by the policies that are implemented in different countries (Mega, 2020). What does social theory have to offer to aid the understanding of the COVID pandemic?

Delanty’s (2020b) review of the response of social theory to the impact of COVID on society identifies six political philosophical positions on the coronavirus pandemic: utilitarian, Kantian, libertarian, biopolitical securitisation, post-capitalism and behaviouralism. These theorists address the relationship between the individual and society in the development of policy through the lens of justice. They invoke concepts concerning science, crisis and alternative forms of society. Agamben (2020) is positioned by Delanty (2020b) as if he were pivotal to this debate, flanked by Žižek (2020) and interpretations of Foucault (1977). In Agamben’s work, COVID is constructed as if it

were a crisis manipulated to legitimate a state of emergency, a state of exception, in which the executive could seize control over the usual instruments of governance to discipline society in the search for a perceived security. Foucault (1977) is invoked to interpret measures of lock down, distancing and masks used to stop the spread of the virus as if they were forms of authoritarian surveillance and disciplining. Žižek offers alternative outcomes of the crisis as if only barbarism or communism is possible and sees deep challenges to capitalism. Delanty is right to reflect on issues of justice and the relationship between individual and society. But are the interventions to separate the infected from the not-infected really best characterised as authoritarian, and are the alternative forms out of the crisis actually restricted to barbarism and communism?

Delanty (2020b) offers an important, agenda setting, early review of different approaches to the relationship between individual and society that is central to theorising the COVID crisis. How are the interests of individuals and of the social whole actually and potentially being balanced in public policy towards COVID? In utilitarianism (Singer), the interests of the whole are greater than that of any individual (as in the examples of the ‘herd immunity’ approach and of lock-down and isolation). In Kantian philosophy (Habermas, 1996; Habermas & Günther, 2020), the value of every individual human life is primary and utilitarian solutions are unwelcome. The libertarian approach condemns any encroachment on personal freedoms, even if there is an identified public interest. The use of biopolitical securitisation, theorised by Foucault, in the context of the COVID crisis is condemned by Agamben as an unjust extension of state powers under the guise of an unwarranted claim to a state of emergency. Žižek offers a vision of post-capitalist futures that are polarised between barbarism and communism, suggesting that new forms of solidarity are emerging from the crisis. The approach of behavioural science (Sunstein & Thaler, 2008) focuses on the individual, who can be nudged into compliance with government priorities. Intriguingly, Delanty picks up the theme of democracy in his conclusion, which is rather subdued in the political philosophy that he has been discussing.

Into this debate, I insert the concept of ‘social democracy’, which is curiously absent though Delanty notes the significance of democracy and its contestation with ‘neoliberalism’. Social democratic visions and practices underpin the theory and practice of ‘public health’ interventions into COVID as well as other health issues. Social democracy is the model of society that informs the public health project, in which ‘if one is sick, we are all potentially sick’ and in which the risks and costs associated with sickness are shared by the whole society, not only the individual who is sick. It is a social model which insists that justice and efficiency are linked together, rather than being opposed in a zero-sum trade off. Interventionist social democratic practices can be contrasted with neoliberal policies that pursue more minimal intervention to (mistakenly) reduce damage to the economy. Interpreting public health interventions as authoritarian rather than as social democratic is a mistake. Addressing the social theory relevant to COVID requires understanding the multiple facets of COVID in the relationship of science and governance, crisis and governance and alternative social formations. I widen the spectrum of approaches, to include the social democratic vision that contests the neoliberal orthodoxy. The social democratic vision is fundamental to the public health response that is currently actively contesting the individualistic, neoliberal understanding of society

found in UK (and US) policy and is actively rejecting the false polarity between individuals and society as a zero-sum game. Making visible the social democratic vision allows for a better understanding of the arguments ongoing within science over COVID and their interpretation within social theory. Making social democracy visible in social theory allows for a better theorisation of the COVID crisis and its alternative outcomes. It allows for a better grasp of multiple intersecting inequalities within social theory, especially when combined with a complex systems approach to society. This social democratic perspective contests the neoliberal restructuring of society.

The article addresses key areas of social theory relevant to COVID – alternative forms of societal organisation; the relationship of knowledge and power, of science and governance; the nature of crisis and its relationship to governance and society. It offers revisions to social theory informed by the underestimated significance of social democratic projects, governance and social formations embedded in public health. It addresses the tension between the real and the socially constructed in the COVID crisis; the relevance of multiple intersecting inequalities, not only class and advances in complexity science approach to systems for developing a theory of society.

Society: Including social democracy as a societal formation

COVID poses challenges in how social theory addresses the alternative forms of society. Since COVID generates a crisis, it potentially generates a time of rapid change. The identification of alternatives and the differences between them affects the understanding of actions taken during the COVID crisis. To understand these potential changes, it is necessary to specify the alternatives. A theory of society is needed (Delanty and Rumford, 1995; Dubet, 2020; Walby, 2020a).

Several ways of thinking about differences in forms of society are found in the texts identified by Delanty as central to the COVID debate, but these do not include social democracy. The differences between Delanty's texts focus on freedom versus authoritarianism (Agamben, 2020; Foucault, 1977) and on barbarism versus communism (Žižek, 2020).

There are alternative ways of making distinctions between forms of society, found, for example, in macro-sociological debates on varieties of capitalism and on varieties of gender regimes. A key distinction has been made between social democratic and neoliberal forms of society. This is not the same division as that between freedom versus authoritarianism.

In the context of COVID, both typologies are in play: freedom versus authoritarianism and social democracy versus neoliberalism. At stake is the interpretation of state intervention, as democratic or authoritarian.

In the political philosophies identified by Delanty, the main focus is on the relationship between individual and society, with a special focus on justice. The main line of disagreement is between a libertarian focus on individual freedoms and a statist focus on authoritarianism. Further currents of discussion in this literature include utilitarianism (discussed by Habermas & Günther, 2020) and 'nudge' behavioural science (Sunstein & Thaler, 2008), though these are not full alternative societal formations.

Agamben distinguishes between freedom and authoritarianism, drawing on Foucault's work on surveillance in times of plague. Following Foucault, state interventions against plagues that involve increased knowledge by state agencies on individuals are conceptualised as surveillance. This is then further interpreted as the loss of individual freedoms and an increase in authoritarianism.

Žižek distinguishes between barbarism and communism in his vision of alternative futures that might follow the COVID crisis. He suggests that current political developments engaging in progressive ways with COVID constitute a fundamental challenge to capitalism itself.

Other literature on variations in societal formations has focused on different lines of differentiation for comparison. A key line of difference is between neoliberalism and social democracy, which is found in the varieties of capitalism (Hall & Soskice, 2001; Hanké, Rhodes & Thatcher, 2007) and varieties of gender (Walby, 2009, 2020b) regime literature. Sometimes further categories are added, for example, conservative corporatist (Esping-Andersen, 1990; Shire and Kumiko, 2020). But the nuances in this body of literature do not deflect from the significance of identifying variations in forms of society that contrast major types of social organisation that differ in the depth of democracy and level of inequality.

There are debates as to how best to conceptualise conservative and authoritarian forms (Delanty, 2020a). One approach considers authoritarianism to be a sub-set of neoliberalism (Bruff, 2014), rather than a separate category. However, it is more appropriate to consider authoritarianism and securitisation as a logical extension of the intensification of the neoliberal form (Walby, 2018; Wacquant, 2009). The definition and conceptualisation of neoliberalism is the issue here, with debate as to the extent to which the term is focused on liberalism and free markets or has developed to include the utilisation of the power of the state to restructure markets and capital/labour relations (Gane, 2014). When neoliberalism is understood to routinely include authoritarian state forms, there is less need to distinguish between neoliberal and authoritarian society forms (Walby, 2009, 2018).

Whatever the boundaries to the concept of neoliberalism, its 'other' is social democracy.

Like neoliberalism, social democracy is a project, form of governance and a societal formation. Social democracy has a distinctive logic, intellectual heritage and set of institutional locations and practices. It can be identified in the economy, polity, civil society and violence. It is a more democratic and less unequal form of capitalism and gender regime than neoliberalism. At its core is the notion that justice and efficiency go together and are not in opposition in a zero-sum game and that sharing the risks of modern life (Beck, 1992, 2009) among all people rather than allowing them to be borne by the individuals immediately affected is both just and productive.

Social democracy emerged as a theory of society during the twentieth century in the context of the development of suffrage and the use of democratic power to tame capitalism (Berman, 2006). It is associated with the development of the welfare state (Beveridge, 1944; Crosland, 1956; Titmuss, 1958), citizenship (Marshall, 1950), the regulation of economy including of capital (Keynes, 1936; Minsky, 2008 [1986]), education (Klasen, 2002) and the social investment state (Morel et al., 2012). It has synergy

with Kantian (1795) approaches to peace through peaceful means rather than the deterrence of larger violence at both interstate and interpersonal levels (Galtung, 1966; Haas, 1958).

There are controversies as to the proper location of the boundary between social democracy and neoliberalism, not least concerning the place of the market in discussions of the Third Way (Giddens, 1998). There are debates as to how democracy engages with plural multiculturalism and the rights-based approaches to justice (Habermas, 1996 [1992]) and, in the context of COVID, whether there are limits to rights to life and to dignity (Habermas & Günther, 2020). The application of social democratic principles that were originally centred on class and nation to multiple intersecting inequalities including gender, ethnicity and nation is ongoing rather than settled (Walby, 2011).

Social democracy is also a set of practices that are varyingly embedded in institutions and societies. After the big mid-twentieth century crisis of financial crash, economic depression, rise of fascism, holocaust and war, social democracy emerged as a powerful governmental project contrasted not only with neoliberalism but also with fascism and communism. Its institutional development is linked to the institutionalisation of democracy and projects led by the labour and trades union movement, feminism and internationalist anti-colonialism. It was core to a new set of political parties, some of which gained access to state power.

The social democratic project won sufficient governmental power to shape society in Nordics in 1930s, in Western Europe after 1945 and the European Union (EU). Within the UK, which is overall more neoliberal than many other countries in western Europe, it is lodged in specific institutions, especially health, including public health, education and other institutions of the welfare state. It is embedded, though contested (Penna & O'Brien, 2006), in international institutions including the UN, EU and the practice of multilateralism (Walby, 2009).

The importance of social democracy as an alternative form of societal organisation in the COVID crisis takes an acute form in the disputed significance of 'public health' as a practice, institution and vision of societal formation.

Public health interventions aim to minimise or eliminate COVID by stopping transmission of the virus by the practices of test, trace, isolate and support. This requires state intervention at a significant scale, with public expenditure on a network of institutions embedded at local, national and international levels. Public health combines philosophy, science, governance and a theory of society. Its philosophy can be summarised as 'if one is sick, all are potentially sick'; so, the risks and costs of COVID and its suppression are to be shared through society. As a theory of society and justice, it understands the simultaneity of justice and efficiency, since if the infected are only supported in acute care, but not materially when asked to isolate, all are at risk of being infected. It is a form of intervention that depends on democratic governance for its legitimation and practice. It is based on enlightenment understandings of rationality and science, broadly conceived, to include data, multiple disciplines and a precautionary preventative approach to disaster with planning, not just acute care in hospitals for those who are most sick. It is a theory of society that understands the significance of social connections for both transmission and support for those isolating for the good of the rest of us and which

embeds the technical and biological into the approach to the social (Independent Sage, 2020; Women's Budget Group, 2020).

The theorists considered by Delanty don't get public health. They do not recognise this social democratic, science-based approach and miss this critical alternative societal formation and understanding of justice. Social democratic public health goes beyond individual versus society, freedom versus authoritarianism; it is a democratic and scientific collective mobilisation of state capacity. There is enormous variation between countries in the extent to which government responses to COVID have mobilised either neoliberal or social democratic strategies. Higher death rates are found in countries that have had strategies informed by neoliberalism rather than social democracy (John Hopkins University, 2020).

COVID has generated a society-wide crisis, which is potentially a moment of rapid change to an alternative form of society. The COVID crisis has different effects on societies that partly depend upon the pre-existing structure of society. Identifying the alternative forms of society at stake is necessary to understand the significance of practices and events.

In the United Kingdom, there is both a government-led attempt to restructure provision using neoliberal practices – state awarded contracts to large private corporations rather than funding existing local public health institutions. And there is a vigorously articulated alternative, which can be seen to coalesce around the concept of public health: among scientists in Independent Sage, among local political leaders such as the northern mayors and in grassroots mobilisations at neighbourhood level.

At the international level, the World Health Organisation (WHO, 2020a, 2020b) embeds a social democratic response and is under attack from the United States, which has withdrawn funding. Understanding the nature of these contestations matters.

Social theory is potentially important in identifying the big strategic alternatives in collective responses to COVID. This needs to include the social democratic, which in COVID is articulated through public health practices and institutions. The loss of individual freedoms in reducing the social contacts that drive the reproduction and spread of COVID is not best understood in a binary of libertarian/authoritarian axis. The contestations in the COVID crisis are better understood as part of a neoliberal/social democratic contestation.

Science

The COVID crisis offers a new context for addressing the position of science within social theory in at least two ways. This involves a critique of the dominant interpretation of Foucault's approach to science and its relationship to governance that treats science as singular and entwined with power that draws on the significance of public health. Further, the significance of the technical and biological in societal changes, which is reflected in specialised science and technology studies, needs to be more fully incorporated into social theory to go beyond the simple humanism and purity of the social that informed the early development of sociology as a discipline.

This section starts by looking at the way that interpretations of Foucault are used in social theory to understand COVID and introduces government actions in relation to

science. It next considers the developments in the social theory of science and knowledge and in plagues and society, which offer a theorisation of more plural forms of science and its relationships with governance. It then focuses on the early COVID period and the use of science by government, especially its relationship with SAGE. It then offers an account of the challenges to the model used by government from Independent Sage. This is further amplified by documentation and reflection on the range of forms of science and knowledge that sought to contribute to decision-making, their institutionalisation and the contested changing knowledge ecology. It concludes with the significance of the public health-informed challenge to 'the science' mobilised as the defence of UK policy on COVID for how 'science' should be understood in social theory. It introduces a reflection on the use of 'crisis' to empower government and the conceptualisation of the alternative social models.

Many, but not all, interpretations of Foucault invoke a single body of science that is aligned with power. The UK government declared, at its daily press conferences during the early part of the crisis, that it was 'following the science', as if there were a single unified body of knowledge called science. However, rather than seeing a single science aligned with governance, an alternative view is of science as an inherently contested space, with plural relationships with power. The practice of science and governance during the early stages of the COVID crisis invites reflection on the extent and significance of the challenges within science rather than the assumption that science and power are entwined. The challenge of public health to government is aligned with the challenge of the social democratic project to neoliberal governance. The government position was that 'the science' supported policy to reduce COVID and to learn to live with it, while the public health position was that the policy should be used to more vigorously suppress and even eliminate COVID. The divisions within science are more important than is captured within the usual interpretation of Foucault.

Delanty (2020b, p. 6) invokes Foucault (1977, p. 198) in the interpretation of government health policy that has involved isolation and quarantine to separate the infected (and might be infected) from the uninfected: 'If it is true that the leper gave rise to rituals of exclusion, which to a certain extent provided the model for and general form of the great Confinement, then the plague gave rise to disciplinary projects' (Foucault, 1977, p. 198). Delanty (2020b, p. 6) continues: 'The quarantine of the city by means of "lock up" marked the emergence of the disciplined society around "a whole set of techniques and institutions for measuring, supervising and correcting the abnormal"'.

In this approach, the knowledge/power nexus is interpreted as relatively internally consistent and in alignment with broader configurations of power. It is consistent with a large interpretive literature around Foucault which identifies science as aligned with governance (Rose, 2001) and a general concern that data increase discipline and reduce freedom (Aradau & Blanke, 2016). However, there are exceptions to this reading of Foucault, which allow for greater diversity and resistance (Bevir, 2010; Bellanova, 2017).

Throughout this discussion of science, governance and society is a discussion of the relationship between the social, biological and technical. A Foucault-informed discussion includes issues of population (Rose, 2001), but this is not enough. There is a need for both distinction between the concepts of objects and humans (Hornborg, 2017) and

their full engagement. There are complex forms of governance of data that seek to protect individual privacy (Bellanova, 2017). There is a need for the more nimble accounts of the sociobiological, including plagues and society (McNeill, 1998 [1976]), and the sociotechnical, including practices for scientific development and for separation, to be more fully embedded in developments in social theory, to understand COVID.

The interpretation of the science around COVID as taking a singular form is contested. While the UK government attempted to wrap itself in the mantle of science, repeatedly claiming to follow ‘the science’, there were major divisions between different bodies of science. The government claimed to be following a scientific consensus was established by ‘SAGE’ (2020), but this claim to be following science was disputed by ‘Independent Sage’ (2020) and other powerful scientific entities, including the *British Medical Journal* (2020) and *The Lancet* (Horton, 2020a).

Looking beyond Foucault for an interpretation of the relationship between science and governance suitable for contemporary social theory, alternative theoretical articulations draw on contemporary work in the field of science and technology studies. Such texts capture the divisions and contestations between bodies of scientific knowledge as well as their engagement with wider publics and sites of governance in a COVID era. Science is intrinsically a process of doubt, even as scientists seek to establish their own findings as authoritative. Treating scientific findings as if they were facts, and have always been facts, rather than an outcome of a long and contested set of scientific processes, is a social as well as scientific process. In the institutional processes that make up modern science, some forms of knowledge become stabilised, earlier controversies are not presented to public view and the outcomes are represented to the world beyond science as if they are facts (Latour & Woolgar, 1979).

The epistemological infrastructure (Lury, 2020) is varied, changing and contested. There are disparate systems of knowledge within an ecology of knowledge systems, which, even though sometimes competing, cannot be reduced simply to power (Abbott, 2001). This ecology of knowledge systems constitutes an uneven and constantly changing fitness landscape (Kauffman, 1993), in which one system takes as its environment all other systems (Bertalanffy, 1968). The conclusion from the new social studies of science is to be cautious about claims to a single agreed truth, to assume that there are multiple competing alternatives that are worthy of investigation and to treat established ‘facts’ as only a temporary settlement. Changing social conditions, including the increased digitalisation capacities of new forms of computing, affects how knowledge can be constituted and deployed, so some forms of knowledge become more widely recognised and authoritative than others (Lury, 2020).

Sociology, in its early days as a developing discipline, tended to purify its field so contain only the social. The inclusion of the biological and technical in social theory, while widely recommended, has long been a challenge (Hornborg, 2017), despite the development of a sophisticated field of science and technology studies. It is known that plagues have long affected societies (Spinney, 2017), leading to the rise and fall of civilisations (Chase-Dunn & Hall, 1997; Diamond, 2005; McNeill, 1998 [1976]) and that modernity has generated more risks (Beck, 1992, 2009), including the increasing transfer of viruses from other species to humans under conditions of ecological change (Quick & Fryer, 2018; Wolfe, 2011).

Hence, it is known that scientific knowledge takes multiple, sometimes competing forms, and its embedding in social institutions shapes its content.

At the height of the COVID crisis, the UK government stated that it was following ‘the science’. At daily press conferences, government ministers and government scientists made announcements of the findings of this science, of government policy and of claims of their alignment. These claims were made despite multiple competing forms of knowledge relevant to the COVID crisis, which were reported in the press and in scientific journals.

‘The science’ cited by government was often the output from ‘SAGE’. SAGE was a committee (and a series of sub-committees) created by government, which was made up of scientists to advise government (SAGE, 2020). Some of these scientists were directly paid by government, for example, the Chief Scientific Advisers to various government Departments, the Chief Scientific Adviser and the Chief Medical Officer, while further scientists were employed in Universities. Government would formulate questions and invite SAGE to answer them both orally and in written papers, drawing on their relationships with scientists elsewhere.

Although multiple scientific disciplines were potentially relevant, the dominant discipline was epidemiological modelling (a quantitative aspect of health science), with secondary presence of behavioural science (a quantitative aspect of social psychology and economics). The range of disciplines was expanded later, but the early stages, crucial in shaping the policy agenda, were more focused. According to Costello (2020a), a former director of the WHO, the range of disciplines on SAGE was narrow and lacking in expertise.

While there are various epidemiological models (Enserink & Kuperschmidt, 2020), the dominant model had been built around flu (Benjamin et al., 2020). When fed relevant data, the model could generate alternative scenarios with estimates of the possible numbers of cases, rates of death, rates of hospitalisation and related matters (Delamater et al., 2019). It could suggest the likely outcome of various interventions (Bram et al., 2020). A model is intrinsically abstracted and only as good as its assumptions and data. The underlying model assumed that it would not be possible to eliminate the virus until a large part of the population became immune. Immunity could be achieved by vaccine (which at the time of writing is not available) or by the majority of the population becoming infected and recovering, the latter being known as ‘herd immunity’.

The behavioural science expertise was used to consider the extent to which people would be likely to comply with guidance and legislation. It was a form of quantitative social psychology, closely related to the ‘nudge’ school of thought (Sunstein & Thaler, 2008). They estimated that compliance with severe restrictions would be short-lived, so recommended not to attempt to lock down for too long.

Government and SAGE appeared to initially endorse the notion of ‘herd immunity’, though, following the negative public response, followed this rapidly by a strategy to reduce the virus by separation, especially the shielding of those most vulnerable, and to protect the hospital capacity of the National Health Service (NHS), to reduce deaths. There were shortages of testing capacity, which reduced the ability to follow other policies. There were shortages of personal protective equipment that might have enabled health staff to stay safe while looking after the sick and probably sick. There was a short

period of 'lockdown' in which people in non-essential jobs were asked to stay at home, followed by a prolonged period of social distancing that effectively closed a sub-set of the economy. There were efforts to increase testing capacity, using private contractors, and the centralised collection of data in a new 'biosecurity' centre, but these efforts rarely met their targets (Horton, 2020a, 2020b).

Government attempted to construct a single dominant scientific discourse alongside with their policies and sort to use the science as a legitimisation of their policies.

UK Government policy and 'the science' from SAGE that ostensibly supported it were criticised and rejected by other scientists. The 'public health' sciences led this critique and were supported by multiple further bodies of science and knowledge, including the medical establishment. Coordination of this alternative in the United Kingdom was formulated by Independent Sage (2020). Globally, this scientific cluster had been institutionalised for many years in the WHO (2020a, 2020b).

The public health strategy was to 'test, trace, isolate, and support' to eliminate the COVID virus (Independent Sage, 2020; WHO, 2020a, 2020b). Public health understood epidemics and pandemics to be within their field of expert knowledge. Public health held the ambition of seriously suppressing and even eliminating the virus, not merely dampening the rate. Only if the virus were eliminated, could social and economic life return to 'normal'. This strategy had been used for a variety of infectious diseases, from smallpox to Ebola. It was accustomed to using non-pharmaceutical (social not medical) tools as well as pharmaceutical (e.g. vaccine) to achieve this goal. Data were needed, hence 'test, test, test'. But not only data, since the contacts who might be infected needed to be traced. Tracing was understood to be a sensitive matter, so needed people with local knowledge to contact people, not merely advanced information technology. Isolating was necessary but was unlikely to be achieved unless the person isolating was supported in this. Understanding the social interconnections through which disease was transmitted and supporting the mobilisation of societal support to the individuals affected so that they could effectively isolate was core to their method of reducing infectious disease. People will and did comply when they trusted legitimate requests for action (Dorélien et al., 2020).

Public health was institutionalised locally, nationally and internationally. Locally it was bound up with a range of local government activities, for example, licensing of premises to prevent food poisoning from restaurants and tracing contacts in sexually transmitted diseases. Local public health officials had expertise in tracking and tracing sources of various forms of ill health. Nationally, public health was institutionalised in Universities as a special branch of health and medicine. Internationally, WHO was a leading reservoir of practical expertise that could be mobilised around the world.

The public health perspective on COVID was clearly articulated (Costello, 2020a, 2020b; Sridar, 2020) in the crisis and supported by many other scientific bodies (Horton, 2020a, 2020b), drawing on a long history of public health in the United Kingdom and globally. One source of coordination of these alternative bodies of knowledge in the United Kingdom was Independent Sage. Long-standing knowledge of the dangers of pandemics and their likelihood was embedded in public health institutions at national and international levels. In the United Kingdom, pandemics were an acknowledged threat to National Security at the highest level (Tier one), while the WHO offered

warnings and institutionalised practices and protocols to engage international cooperation for these repeated problems. The public health knowledge was available but was and is marginalised in the United Kingdom.

The range of disciplines on SAGE was narrow and did not contain expertise in relevant sources of knowledge (Costello, 2020a). It had little representation of public health, medical science, nursing, care workers, care homes, domiciliary care and social science. The institutions generating knowledge of gendered pathways of transmission were not included in SAGE. From the early stages of the pandemic, the United Kingdom's leading medical journals, *The Lancet* and the *British Medical Journal*, rapidly published the developing science on COVID and supported the public health perspective (Horton, 2020). Even medical science was sidelined in key decision-making by contrast with the epidemiological modellers. Public Health England was abolished in August 2020.

During the COVID crisis, different bodies of science have been part of a wide-ranging competition to shape government policy. Public health has not been dominant in the United Kingdom, even though it holds considerable expertise on pandemics. Public health, which is aligned with a social democratic approach, was less influential than the economists.

The contestations over which form of knowledge is most authoritative matter for social theory and for society. These contestations take place both within science and in the relationship between scientific institutions and governance. Governments may attempt to treat some forms of scientific knowledge as if they were 'fact'; social theory should address this process of authoritative knowledge formation.

The scenario suggested by Agamben, drawing on Foucault, is not supported by the analysis of the history of the struggles over the science of COVID in the United Kingdom. There is little development of an authoritarian state based on increased surveillance, though there are new forms of data flow and also contestation over the extent to which parliament rather than the executive is making the rules. There is a lively contestation between the government approach, which favoured the least possible intervention, and the public health approach, which argued for more substantial intervention in test, trace, isolate and support. The approach of some sciences was mobilised by government to support less intervention than was proposed by the public health sciences, supported by the medical science. The government science represented in SAGE was dominant for a period, but not hegemonic. Later in the crisis, a gap emerged between government and SAGE.

There are multiple bodies of science, engaging with each other in a complex ecology (Abbott, 2001), in an uneven landscape (Kauffman, 1993), and with varied capacities to shape governance. The changing epistemological infrastructure (Lury, 2020) privileges different forms of knowledge in different situations. Social theory relevant to COVID is improved by paying attention to these more nuanced positions.

Rather than conceptualising increased data merely as 'surveillance' connected with 'governmentality' which is then linked to authoritarianism, distinctions need to be made about the purpose and consequence of data collection, which allow social theory more adequately to engage with the debates about the place of data collection associated with a social democratic public health projects. The call by public health to 'test, trace, isolate,

support' should not be interpreted as a call for authoritarian surveillance, but rather as part of a social democratic project to build state capacity to eliminate the virus.

Crisis

COVID has generated a crisis. How is 'crisis' best understood in social theory? What does reflection on this concept and its inclusion in a theory of society offer social theory (Beck, 1992, 2009; Gilbert, 1998; Schumpeter, 1954; Walby, 2015)? Is it real or constructed (Buzan et al., 1998; Hay, 1996; Mirowski, 2013)? Does crisis allow a political executive to legitimate use of emergency powers (Klein, 2007)? Is the crisis a critical turning point (Gramsci, 1971, Habermas, 1975), or a catastrophe (Diamond, 2005), or is it stabilised and absorbed (Engelen et al., 2011; Minsky, 2008 [1986]), or will it cascade through further social systems (Haas, 1958; Perrow, 1999 [1984]; Walby, 2015)? Is there more than one crisis (Delanty, 2020a)? If it is a critical turning point, between what and what is the change (Esping-Andersen, 1990; Žižek, 2020)? Is the social democratic alternative made sufficiently visible in current debates? How does interrogating the COVID crisis take forward these debates on the place of the concept of 'crisis' in social theory? How does improving the concept of crisis and its place in social theory allow better understanding of the COVID crisis?

In discussing COVID in relation to crisis, Delanty (2020b) draws attention to the work of Žižek (2020) and Agamben (2020), which addresses these issues. Since Agamben's (2020) text on the process of the COVID crisis circulated widely (Diken & Laustsen, 2020; Foucault et al., 2020), structured ensuing debate (Delanty, 2021) and is based on a pre-existing body of work on crisis (Agamben, 2005), this is the point of departure here.

Žižek (2020) argues that the crisis is real, is generating social struggle and is a potential turning point between barbarism and communism. Hence, he disputes the notion that the crisis is only a social construction and is a turning point between freedom and authoritarianism. He understands that the crisis may have a long way to go. However, he does not discuss social democracy as an active project in the crisis nor discuss its potential to constitute an alternative form of society.

Agamben (2020) argues that the crisis is socially constructed rather than real, is manipulated to give greater power to the executive branch of government, thereby generates a more authoritarian form of governance and constitutes a critical turning point. Each of these claims is contested. The crisis is real rather than confected. The executive branch has not (by September 2020) gained many excessive new powers. The contestations over the form of governance is not between freedom and authoritarianism but between neoliberalism and social democracy. The crisis is still cascading through society and it is too soon (in September 2020) to announce that there has been a critical turning point.

Agamben (2020), on 26 February 2020, described the response to COVID as 'disproportionate', 'frenetic, irrational and entirely unfounded emergency measures adopted against an alleged epidemic of coronavirus' and suggested that the media was 'provoking an authentic state of exception with serious limitations on movement and a suspension of daily life in entire regions'. He considers this to be 'the tendency to use a state of

exception as a normal paradigm for government'. He considers the epidemic a 'pretext' and that 'It is almost as if with terrorism exhausted as a cause for exceptional measures, the invention of an epidemic offered the ideal pretext for scaling them up beyond any limitation'. While this account by Agamben might be considered an unfortunate early wrong call based on insufficient evidence of the infectiousness and deadliness of COVID, it is nevertheless an exemplar of this approach and has been used as a point of reference by many others. But, even by 17 March 2020, when the scale of the deaths had become clear, Agamben remains consistent to his earlier position: 'A society that lives in a permanent state of emergency cannot be a free one. We effectively live in a society that has sacrificed freedom to so-called "security reasons" and as a consequence has condemned itself to living in a permanent state of fear and insecurity'. In these texts, Agamben has effectively positioned himself as a libertarian opposed to state actions, even when state actions save lives.

There are several points of contention in these texts by Agamben that offer sites of discussion of important issues for social theory of crisis.

Is a crisis, such as COVID, understood as a social construct or as real? Or indeed is it both simultaneously? Agamben sets up a dichotomy between the crisis as a social constructed and as real. He argues that the crisis is a 'pretext'; that measures taken by the state are 'irrational' and that the basis for them is 'entirely unfounded'. This draws on earlier work (Agamben, 2005) in which he theorised crisis as a claim by the executive branch of government (President, Premier, Prime Minister, cabinet) for enhanced powers because there was a state of emergency that justified a state of exception from the usual political processes in which there were multiple checks and balances (legislature, parliament, courts) to the exercise of power. This approach finds resonance in the new security studies (Buzan et al., 1998), which analyses the extension of the powers of the state legitimated by the claim to existential threat to national security. It has parallels in analysis of crisis using the concept of 'narrative' (Ricoeur, 1984), as something that can be manipulated by political authorities (Hay, 1996).

Agamben is wrong to suggest that there is not a real crisis. More than a million people have died from COVID and millions more have been sick. The modern era is not devoid of crises generated by the intersection of society and environment (Diamond, 2005), indeed aspects of modernity may exacerbate these tendencies (Beck, 1992, 2009). Plagues have long generated crises for humanity (McNeill). The structure of the environment in which the crisis occurs can affect the outcome of the crisis (Gilbert, 1998).

A crisis can be both real and socially constructed. A real crisis can have disputed origins and remedies. The contestation of the narrative of the crisis can have significant implications (Gramsci, 1971; Klein, 2007, 2020; Mirowski, 2013). The existence of a struggle over the meaning and implications of a crisis does not need to entail a claim that the crisis is not also real (Diken & Laustsen, 2020; Engelen et al., 2011).

Agamben is right to suggest that governments referred to COVID to generate a state of emergency. It is the case that governments attempted to control the narrative of the crisis to legitimate policies that they wished to pursue. This is not incompatible with the crisis being real. The COVID crisis was both. The dichotomy between socially created and real is mistaken.

Does the declaration of crisis as a state of emergency result in the political executive exercising excessive power? The crisis offers an opportunity for the executive to legitimate a claim for more power on the grounds that in such exceptional circumstances, these powers are needed to counter an existential threat (Agamben, 2005, 2020; Buzan et al., 1998). But are these powers ‘excessive’? The libertarian critique leaves little space for reasonable use of increased state powers on behalf of the social democratic project.

Agamben is right to argue that governments declared a ‘state of emergency’ or a state of exception, which enabled greater legitimacy for powers taken by the executive branch of government. But the way these powers were exercised saved lives. The social democratic public health project used its power and influence to save lives and improve health outcomes. Without lock down, many more people would have died. The powers were not unlimited in extent or duration – lock downs were temporary. There has been significant contestation over the powers used by government. There is still space for a wider politics (Diken & Laustsen, 2020). Agamben assumes that increasing the powers of the state means increasing authoritarianism. He sets up a dichotomy between ‘freedom’ and state actions. This can be characterised as a left libertarian position. However, this dichotomy is mistaken. State actions can be consistent with freedom and justice. A better distinction is between neoliberal and social democratic forms of governance. Social democratic public health should be included, not excluded, in these debates on the mobilisation of the power of the state.

The crisis is a state of emergency; powers were taken, but they were not, generally, excessive, even though they were not performed competently. The theorisation of these practices requires the mobilisation of the concept of social democracy to conceptualise public health interventions, rather than to reduce this to a contrast between libertarianism and authoritarianism. The ‘other’ to the mobilisation of local public health social democratic interventions has been the outsourcing of testing to global corporations under a neoliberal model of governance.

Is the crisis a critical turning point, a catastrophe or absorbed or cascading? A crisis can have one of several different relationships to society (Walby, 2015). It may be a temporary aberration followed by a return to normal, a disaster or catastrophe, a single critical turning point to a new form of societal formation or the crisis may cascade from one societal domain to another and another.

In Agamben’s account, the state of emergency is treated as if it were a critical turning point towards authoritarianism. For Žižek, the crisis will lead to barbarism or communism. The changes in the form of governance are highly contested and not yet re-stabilised.

The crisis may be absorbed, and the society return to equilibrium, as is the case for small economic crises, such as bubbles (Keynes, 1936), though re-stabilisation may require significant state action (Minsky, 2008 [1986]) or massive societal reorganisation (Polanyi, 1957). The crisis may be a disaster or catastrophe in which many people die and from which recuperation is not possible (Chase-Dunn & Hall, 1997; Diamond, 2005). A crisis may be a moment in which major structures change, in which the old is destroyed and new institutions emerge (Schumpeter, 1954). Crisis may be understood as a positive component of social and political restructuring (Haas, 1958) or negative (Klein, 2007, 2020). These structural changes maybe systemic (Gramsci, 1971). Further,

a crisis in one social system may or may not cascade into another social system, depending on how closely coupled they are (Haldane & May, 2011; Perrow, 1999 [1984], 2011 [2007]). The crisis may cascade through multiple societal domains leading to a major change in the societal formation (Walby, 2015). The temporality of crisis needs to be taken into account before judgements are made as to whether it is a critical turning point. This analysis of crisis requires a theory of society, of how changes in one institutional domain may change others, of how societal domains are interconnected.

If the crisis is a critical turning point, between what alternative societal formations is it turning? For Agamben, the alternatives appear to be freedom or authoritarianism. For Žižek, barbarism or communism. A different set of alternative societal formations is that of neoliberal or social democratic. The neglect of the social democratic societal alternative is a mistake. Social democracy should be included, in general, and also specifically for the COVID crisis because of the importance of the public health project which is informed by social democratic principles.

There is a crisis, but its interpretation is not settled. This matters for understanding the COVID crisis, and the discussion matters for social theory. Interrogating the COVID crisis can help take forward debates on the place of the concept of 'crisis' in social theory. Developing the concept of crisis and its place in social theory allows for better understanding of the specificity of the COVID crisis.

The COVID crisis is both real and its contours are socially interpreted. Both aspects of the crisis coexist and both aspects matter. Over-stating one or the other is counterproductive for analysis. Agamben underestimated the real aspects of the crisis in which people were and are dying. Being socially constructed does not negate the possibilities of a crisis being real at the same time.

In the COVID crisis, increased power has been taken by the executive, which was legitimated by the state of emergency. These increased powers were both justified and contested. The extent of parliamentary scrutiny and the mobilisation of criminal sanctions rather than welfare support shows how important is the depth of democracy in considering the implications of these powers. Agamben is right to draw attention to the way that a state of emergency is treated as a state of exception in which exceptional powers are taken by the executive branch of government. While right to ask the question as to whether these powers were justified, he is wrong to suggest that increased powers were not justified.

In the COVID crisis, Agamben made contrasts between freedom and authoritarianism as the main societal alternatives, while Žižek contrasted barbarism and communism. Both these sets of alternatives are mistaken. Raising the question as to the alternative forms of society that might be the outcome of the crisis was correct, but the alternatives presented were not. Social democracy needs to be added back into the theoretical vocabulary when thinking of societal alternatives.

The COVID crisis is a potential critical turning point. But it is not over yet. It may be the case that there is a recuperation back to pre-COVID forms of society; the social democratic moment of Keynesian support for the economy may end. It may become a catastrophe in which millions more die. It may be a turning point to intensified neoliberalism with outsourcing of previously state-run health institutions; it may be a turning point to social democracy as grassroots initiatives coalesce with reinvigorated party

politics. It is more likely, but not certain, that it is not a single critical turning point, but the start of a prolonged series of linked crises, which cascade through economic recession, intensified cleavages in civil society, political and constitutional crisis, to violence. Theorising these forms of change requires complex systems analysis, which can address the non-linear forms of change involved (Walby, 2007, 2015).

Conclusion

Social democracy should be included in the discussions of the COVID crisis in contrast to neoliberalism. Social democracy is a project, form of governance and societal formation, in which if one is sick, we are all potentially sick, a risk to one is a risk to all, so solidaristic provision of welfare to support the infected and possibly infected is both efficient and just simultaneously. It contrasts with neoliberalism that permits the poor, the old and the minoritised to bear the brunt of the crisis. In science, social democracy is represented in public health institutions and practices, in comparison with 'herd immunity'. In the crisis, social democracy is relevant to the Keynesian style economic intervention to prevent the cascade of the crisis, in comparison with the neoliberal outsourcing of health and social care services.

COVID illuminates debates on the relationship between individuals and society and the alternative forms that society can take. Delanty offers an agenda setting review of the zero-sum approaches of political philosophers from utilitarian, Kantian and libertarian perspectives on justice. Agamben offers a contrast of freedom and authoritarianism. Žižek offers a choice between barbarism and communism as future forms of society. But the range of societal alternatives should go beyond Agamben and Žižek to include social democracy and its 'other', neoliberalism. The assumption that state intervention is intrinsically regressive is challenged by public health initiatives in which risks are shared and the sick and the potentially sick are cared for. The significance of the social democratic alternative vision, powerfully articulated through public health, has been underestimated in social theory.

COVID illuminates the nature of crisis for social theory. COVID generated not only a health emergency but an economic recession and a contested restructuring of the political economy of health, with an ongoing cascade of the crisis through societal domains. Although Agamben is right to understand that the COVID crisis is used to legitimate an extension of state powers, he is mistaken to ignore the real aspects of the crisis in death and sickness. There is no need to create mutually exclusive alternatives of the socially constructed and the real in a crisis; both coexist simultaneously. The setting up of freedom and authoritarianism as the main axis of difference is not appropriate. It is important to contrast the neoliberal and social democratic mobilisation of state power. The crisis is a potential critical turning point between these societal forms, though it is still cascading. Complex systems thinking aids the theorisation of these non-linear forms of social change.

This discussion builds on the debates in political philosophy about COVID and society identified by Delanty, concerning the relationship between individuals and society and the conceptions of justice embedded in these, which contrasted libertarian and authoritarian approaches. This article identifies the contestation between social

democracy and neoliberalism as a further axis of debate relevant to COVID. Social democracy offers a different way of thinking of the relationship of individual and society; it is not a zero-sum concept of justice; if anyone is sick, we are all potentially sick. Social democracy is missing as a project, form of governance and type of social formation. It is missing in the accounts of science, where contesting approaches are not simply reducible to power. It is missing in the accounts of the variety of forms of governance that contest COVID and its impact on individuals and on society. It is missing in the theorisation of the relationship between individual and society, as a form of political philosophy that does not position the good of the individual and the good of the whole as a zero-sum game but rather understands the relationship of the good of each person and the good of the whole. The debate between libertarian and authoritarian positions is not the only one of relevance. The contestation between social democratic and neoliberal forms of society and governance in the COVID crisis is also central to debates in social theory.

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